



5738
PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 33

Application Number 09/941,154

Filing Date August 27, 2001

First Named Inventor Bianchi, John R., et al.

Art Unit 3738

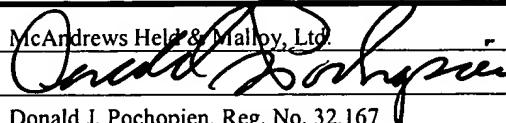
Examiner Name Paul B. Prebilic

Attorney Docket Number RTI 112R IA/
1915-13980US03

ENCLOSURES (check all that apply)

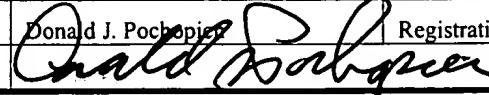
| | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment And Response Under 37 C.F.R. §1.111 <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request – 3 months <input checked="" type="checkbox"/> Drawings – 8 sheets – Figs. 1, and 28-34B <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Petition <input checked="" type="checkbox"/> Response To Restriction Under 35 U.S.C. § 121 <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|--|--|
| Firm | McAndrews Held & Malloy, Ltd. | | |
| Signature |  | | |
| Printed Name | Donald J. Pochopien, Reg. No. 32,167 | | |
| Date | July 11, 2006 | | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on 07/11/2006.

| | | | |
|-------------------|---|-----------------------------------|-----------------|
| Name (Print/type) | Donald J. Pochopien | Registration No. (Attorney/Agent) | 32,167 |
| Signature |  | | Date 07/11/2006 |

JUL 13 2006

PTO/SB/17 (01-06)
 Approved for use through 07/31/2006. OMB 0651-0032
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**FEETRANSMITTAL
for FY 2006**

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

1020.00

| Complete If Known | |
|----------------------|--------------------------|
| Application Number | 09/941,154 |
| Filing Date | August 27, 2001 |
| First Named Inventor | Bianchi, John R., et al. |
| Examiner Name | Paul B. Prebilic |
| Art Unit | 3738 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

Charge Fee(s) indicated below Charge Fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fees(s) Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid(\$)</u> |
|-------------------------|--------------------|-----------------------------|--------------------|-----------------------------|-------------------------|-----------------------------|----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee(\$)</u> | <u>Fee(\$)</u> | <u>Small Entity Fee(\$)</u> | <u>Fee(\$)</u> | <u>Small Entity Fee(\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|---|---------------------|----------------|----------------------|----------------------------------|-----------------|
| | | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| -20 or HP | x | = | | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee(\$)</u> | <u>Fee Paid (\$)</u> | | |
| -3 or HP | x | = | | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee(\$)</u> | <u>Fee Paid(\$)</u> |
|---------------------|---------------------|---|----------------|---------------------|
| -100 | /50 | (round up to a whole number) | x | = |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition For Three Month Extension Of Time

1020.00

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|---------------|
| Signature |  | Registration No. (Attorney/Agent) | 32,167 | Telephone | (312)775-8000 |
| Name (print/type) | Donald J. Pochopien | | | Date | July 11, 2006 |